

Nurse Signature

Date

Trumbull Health Department 335 White Plains Road, Trumbull, CT 06611 Phone (203) 452-1030 Fax (203) 452-1050



INFLUENZA VACCINE CONSENT FORM

Standard Quadrivalent Vaccine High Dose Influenza Vaccine

Is this your first flu shot? Have you ever had a serious reaction to a flu shot? Are you sick with a fever today? Are you allergic to eggs or Thimerosal (preservative found in contact lens solution), any vaccine ingredient or latex? Have you ever had a neurological disease or Guillian-Barre Syndrome? Yes / No Have you pregnant or a nursing mother? Yes / No Are you pregnant or a nursing mother? Yes / No Are you pregnant or a nursing mother? Yes / No Primary Insurance Plan: Medicare B Aetna Anthem Cigna Connecticare UHC Oxford United Healthcare Self Pay Secondary Insurance Plan, if any: Medicare B Aetna Anthem Cigna Connecticare UHC Oxford United Healthcare X			Patient's Nan	Date of Birt	h Age	Gend	er		
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